

ARTEP MISSION TRAINING PLAN USER FEEDBACK

For use of this form, see the applicable ARTEP MTP; the proponent agency is TRADOC.

An important aspect of the MTP is user feedback. To produce the best possible product that meets the needs of the leader and trainer, your opinion of this product is solicited and will be helpful in the development of future products and revisions to this product. Please answer all questions frankly by checking your response or by providing specific comments.

1. MTP NUMBER

2. DATE (YYYYMMDD)

3. MTP TITLE

4. NAME

5. DUTY POSITION

6. ADDRESS

7. PHONE NUMBER

8. FAX PHONE NUMBER

9. E-MAIL ADDRESS

YES ☐ NO ☐ 10. Do chapters 1 through 6 and the appendices aid in the understanding and use of this MTP?

YES ☐ NO ☐ 11. Are training objectives complete, correct, and clear?

YES ☐ NO ☐ 12. Is the MTP written so that it is usable by the first-line supervisor?

YES ☐ NO ☐ 13. Are the conditions and standards realistic?

14. COMMENTS